

**Security and Investigations Unit**

C. B. Young Jr. Service Center  
3001 Crittenden Drive  
Louisville, Kentucky 40209  
(502) 485-3111

February 28, 2014

**JUVENILE SERVICES COMPLAINT**

**Report Number** 1314-280  
**Charges** Assault 4th  
**Reporting Officer** D. Keith Kiper

**PERPETRATOR INFORMATION**

**Name** Izaiah Barnett  
**Date of Birth** 11-22-03  
**Parent's Address** 4212 Monticello Avenue, 40212  
**Parent(s) or Guardian(s)** Lamar & Lindsay Taylor  
**Phone Number** 654-2596 or 296-2081

**COMPLAINANT/VICTIM INFORMATION**

**Name** Joseph Riley  
**Parent's Address** 3513 Susanna Drive, 40213  
**Parent(s) or Guardian(s)** Antissa Riley  
**Phone Number** 387-5750 or 363-8528

**WITNESS/SUBPEONA INFORMATION****ATTACHMENT(S)**

Report(s) Yes ☒ No ☐  
Statement(s) Yes ☐ No ☒  
Other Yes ☐ No ☒

This is a petition by the victim/parent or guardian. Officer has investigative knowledge of this case: Yes ☐ No ☒

Signature: 

Date: February 28, 2014

**JUVENILE  
DRAFT**

**KYLERS REPORT: UOR2 SUPPLEMENT**

**KSP RECORDS**

**COMMONWEALTH OF KENTUCKY**

**SYNOPSIS:**

Complainant, Antissa Riley, reports that her 9 yr. old son, Joseph Riley, has been struck at least three (3) times on two (2) different dates by 11 yr. old classmate Izaiah Barnett. Both children attend Price Elementary School.

The first incident occurred in September 2013, when Riley was intentionally struck by Barnett in the chest while on the playground.

The second incident on February 26, 2014, occurred in the bathroom of the school, when Riley was struck in the chest by Barnett and upon fleeing was chased and struck in the hallway a second time by Barnett.

Complainant advised her son Joseph, has a medical condition that can exacerbated when struck.

Complainant advised that school administration has attempted to resolve this issue but thus far have been unsuccessful.

**Victim:**

Riley, Joseph X.

02/06/2005

3513 Susanna Dr.

Louisville, KY 40213

502-387-5750

502-363-8528

Riley, Antissa (mth/guardian)

**Suspect:**

Barnett, Izaiah

11/22/2003

4212 Monticello Ave.

Louisville, KY 40212

502-654-2596

502-296-2081

Taylor, Lindsay & Lamar (Guardian)

**MODUS OPERANDI:**

**DATE & TIME OF OCCURRENCE:**

**ACCUSED:**

**SUSPECTS:**

**STOLEN PROPERTY:**

**OTHER PROPERTY:**



JUVENILE

DRAFT

KYIBRS REPORT  
COMMONWEALTH OF KENTUCKY

KSP RECORDS

ADMINISTRATIVE	AGENCY ORI/NAME 0565200 JEFFERSON CO. SCHOOL SECURITY				INCIDENT NUMBER KY 1314-280				
	INCIDENT DATE/TIME		EXACT/ESTIMATE	REPORT DATE	RECEIVED	DISPATCHED	ARRIVED	CLEARED	
	02/26/2014 13:00 TO 02/26/2014 13:05		ESTIMATE	02/27/2014					
	REPORTED BY: RILEY, ANTISSA						HOW REPORTED		
OFFENSE DATA	LICENSE/ID STATE:		LICENSE/ID NUMBER:		IN PERSON				
	ADDRESS: 3513 SUSANNA DR								
	CITY: LOUISVILLE		STATE: KY	ZIP CODE: 40213	PHONE NUMBER: (502) 387-5750				
	EXACT LOCATION OF OFFENSE	PRICE E.S.						SECTOR NO:	
		ADDRESS: 5001 TERRACE GREEN CIR							
		CITY: LOUISVILLE		STATE: KY	ZIP CODE: 40218				
		COUNTY: JEFFERSON	LATITUDE	38 DEG	10.720 MIN	LONGITUDE	85 DEG	39.745 MIN	
	SEQUENCE # 1 OF 1		LOCATION TYPE: SCHOOL-ELEMENTARY/SECONDARY		TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO		
	OFFENSE DESCRIPTION: ASSAULT, 4TH DEGREE (NO VISIBLE INJURY)				1-PERSONAL WEAPONS		I-NONE/UNKNOWN		
	OFFENSE CODE: 00795	ASCP CODE: 0	KRS CODE: 508.030	CLASS: A	DEGREE: M	COUNTS: 1			
BIAS MOTIVATION: NONE (NO BIAS)		METHOD ENTRY:	NUMBER PREMISES:						
SCHOOL NAME: PRICE ELEMENTARY SCHOOL		SCHOOL TYPE: ELEMENTARY SCHOOL		CAMPUS?		ON CAMPUS			
OFFENDER SUSPECTED OF USING: NOT APPLICABLE		COURT ORDER TYPE:							
PROPERTY DATA	SEQUENCE # OF		LOCATION TYPE:		TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO		
	OFFENSE DESCRIPTION:								
	OFFENSE CODE:	ASCP CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:			
	BIAS MOTIVATION:		METHOD ENTRY:	NUMBER PREMISES:					
	SCHOOL NAME:		SCHOOL TYPE:		CAMPUS?				
	OFFENDER SUSPECTED OF USING:		COURT ORDER TYPE:						
	SEQUENCE # OF		LOCATION TYPE:		TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO		
	OFFENSE DESCRIPTION:								
	OFFENSE CODE:	ASCP CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:			
	BIAS MOTIVATION:		METHOD ENTRY:	NUMBER PREMISES:					
SCHOOL NAME:		SCHOOL TYPE:		CAMPUS?					
OFFENDER SUSPECTED OF USING:		COURT ORDER TYPE:							
STATUS	SEQ #	PROPERTY DESCRIPTION		TYPE OF LOSS		VALUE	RECVRD VALUE	REC. COND.	DATE RECOVERED
	PROPERTY DESCRIPTION								
	OWNER APPLIED NUMBER				SERIAL NUMBER				
	MAKE		MODEL		OWNER				
	SEQ #	PROPERTY DESCRIPTION		TYPE OF LOSS		VALUE	RECVRD VALUE	REC. COND.	DATE RECOVERED
	PROPERTY DESCRIPTION								
	OWNER APPLIED NUMBER				SERIAL NUMBER				
	MAKE		MODEL		OWNER				
	TOTAL STOLEN VALUE: \$0.00		TOTAL RECOVERED VALUE: \$0.00		TOTAL VEHICLES STOLEN: 0		TOTAL VEHICLES RECOVERED: 0		
	INCIDENT STATUS	CLOSED DATE	CLEARANCE TYPE		CLEARED EXCEPTIONALLY		EX. CLEARANCE DATE	ICR REPORTING FOR OTHER AGENCY	
CLOSED	02/27/2014	SUMMONED/CITED					YES <input type="checkbox"/>		
SUBMITTING OFFICER		INVESTIGATING OFFICER		UNIT/BADGE #	REVIEWED BY		TIME SPENT		
K KIPER		K KIPER		5241					



JUVENILE  
DRAFT

KYIBRS REPORT  
COMMONWEALTH OF KENTUCKY

KSP RECORDS

VICTIM DATA	VICTIM SEQUENCE 1 of 1		VICTIM NAME RILEY, JOSEPH X				PHONE (502) 387-5740			
	LICENSE/ID STATE:		LICENSE/ID NUMBER:							
	Address Unknown <input type="checkbox"/>		ADDRESS: 3513 SUSANNA DR				VICTIM TYPE: SCHOOL STUDENT			
	CITY: LOUISVILLE		STATE: KY		ZIP CODE: 40213		KY RESIDENT: RESIDENT			
	DATE OF BIRTH 02/06/2005		SSN		HEIGHT		WEIGHT			
					EYE COLOR BROWN		HAIR COLOR BROWN			
	GENDER MALE		RACE BLACK		ETHNIC ORIGIN NOT HISPANIC		PEACE OFFICER? YES <input type="checkbox"/>			
	NBR	OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS		NBR	OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS			
	1	1	ACQUAINTANCE		1	1	APPARENT MINOR INJURY			
	VICTIM OF OFFENSE(S) 00795		AGG ASSAULT/ HOMICIDE CIRC				ADULT JUSTIFIABLE HOMICIDE CIRC			
LEOKA ASSIGNMENT				LEOKA ACTIVITY						
SUSPECT/ARRESTEE DATA	SUSPECT SEQ. # 1 of 1		NAME: BARNETT, IZALIAH				ARRESTED? YES <input type="checkbox"/>		ARREST DATE	
	LICENSE/ID STATE:		LICENSE/ID NUMBER:							
	ADDRESS 4212 MONTICELLO AVE		DATE OF BIRTH: 11/22/2003		PHONE:		KY RESIDENT: RESIDENT			
	CITY: LOUISVILLE		STATE: KY		ZIP CODE: 40218					
	SSN		SEX MALE		RACE UNKNOWN		ETHNIC ORIGIN NOT HISPANIC			
							HEIGHT			
							WEIGHT			
							EYE COLOR UNKNOWN			
							HAIR COLOR UNKNOWN OR COMPLETELY BALD			
	ARRESTEE SEQ. # of		MULTIPLE ARREST IND.		ARREST TYPE		RELATED CITATION NUMBERS			
						1 4 8				
						2 5 7				
						3 6 9				
SUSPECT/ARRESTEE DATA	SUSPECT SEQ. # of		NAME:				ARRESTED? YES <input type="checkbox"/>		ARREST DATE	
	LICENSE/ID STATE:		LICENSE/ID NUMBER:							
	ADDRESS		DATE OF BIRTH:		PHONE:		KY RESIDENT:			
	CITY:		STATE:		ZIP CODE:					
	SSN		SEX		RACE		ETHNIC ORIGIN			
							HEIGHT			
							WEIGHT			
							EYE COLOR			
							HAIR COLOR			
	ARRESTEE SEQ. # of		MULTIPLE ARREST IND.		ARREST TYPE		RELATED CITATION NUMBERS			
						1 4 7				
						2 5 8				
						3 6 9				
WITNESS DATA	WITNESS SEQUENCE of		WITNESS NAME				PHONE			
	LICENSE/ID STATE:		LICENSE/ID NUMBER:							
	ADDRESS:		DATE OF BIRTH							
	CITY:		STATE:		ZIP CODE:		SSN:			